

TACTICAL RESPONSE REPORT/Chicago Police Department

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|---|---|--|---|---|---|--|--------------------------------|---|------------------------------|---|
| 1. DATE OF INCIDENT 30-JAN-2012 | | TIME 02:32:00 | 2. ADDRESS OF OCCURRENCE [REDACTED] | | | | 3. LOCATION CODE 304 | 4. BEAT/OCCUR 0623 | | |
| MEMBER INVOLVED SUBJECT INFORMATION | 5. POSITION 9161 | 6. LAST NAME CORRAL | 7. FIRST NAME MARIA E | 8. STAR NO. 14132 | 9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | 10. RACE CODE S | 11. AGE [REDACTED] | 12. HT. 500 | 13. WT. 106 | |
| | 14. DATE OF APPT. 01-MAY-2006 | 15. EMPLOYEE NO. [REDACTED] | 16. UNIT & BEAT OF ASSIGNMENT 003 0333R | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | |
| | 20. LAST NAME [REDACTED] | | 21. FIRST NAME [REDACTED] | 22. M.I. T | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 24. RACE BLK | 25. D.O.B. [REDACTED] | 26. HT. 511 | 27. WT. 210 | |
| | 28. ADDRESS [REDACTED] | | 29. TELEPHONE NO. [REDACTED] | 30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? | | 34. BY WHOM? | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized | 36. CHARGES PLACED 720 ILCS 5.0/31-1-A | <input type="checkbox"/> DNA | 37. CB NO. [REDACTED] | IR NO. [REDACTED] | <input type="checkbox"/> DNA | |
| | REASON FOR USE OF FORCE (Check all that apply) | 38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____ | | 39. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____ | | 40. ADDITIONAL INFORMATION PRONGS HUNG ON SUBJECTS JEANS AND SUBJECT DID NOT REACT TO TASER. | | | | |
| | | 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | | 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial | | 44. WEATHER CONDITIONS CLEAR | | |
| | | 45. MAKE/MANUFACTURER [REDACTED] | | 46. MODEL [REDACTED] | | 47. BARREL LENGTH [REDACTED] | | 48. CALIBER/GAUGE [REDACTED] | | |
| | | 49. TASER DART ID NO. C3100X9MF | | 50. WEAPON SERIAL NO. (Include Letters) X00565654 | | 51. CHICAGO GUN REG. NO. [REDACTED] | | 52. IL FIREARM OWNER ID. NO. [REDACTED] | | 53. HANDGUN CERTIFICATE NO. [REDACTED] |
| | | 54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED] | | 55. PROPERTY INVENTORY NO. [REDACTED] | | 56. TYPE OF AMMUNITION USED [REDACTED] | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1 | | 58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED] |
| 59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 61. NO OF CATDRIDGES/SHOT SHELLS RELOADED [REDACTED] | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | | 70. EVENT NO. [REDACTED] | | |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED] | | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED] | | | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | | |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED] | | | | | | |
| 71. R.D. NO. [REDACTED] | | | | | | | | | | |
| 72. CASE INFO NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | | | | | | | | |
| 73. REPORTING MEMBER (Print Name) CORRAL, MARIA E 30-JAN-2012 04:17:18 | | | | | | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) ERBACHER, KYLE J STAR NO. 2502 SIGNATURE [REDACTED] | | | | | | | | | | |
| DATE REVIEWED TIME 30-JAN-2012 04:34:39 | | | | | | | | | | |

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

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| 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE | <input type="checkbox"/> DNA | <input checked="" type="checkbox"/> REFUSED | <input type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason) |
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76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer followed all Directives and procedures. Deployment of taser. Subject in custody. Subject has cast on arm. Taser prongs did not contact skin.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. 1051550 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

KINGSLEY, DALE R

SIGNATURE

DATE COMPLETED

TIME

30-JAN-2012 04:40:13

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- CASE REPORT
- ARREST REPORT

- SUPPLEMENTARY REPORT
- OFFICER BATTERY REPORT
- TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

- I.O.D. REPORT
- CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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